

Prof. Dr. techn. Gustav Schweiger,  
Eichendorffstr. 15,  
D-47057 Duisburg  
Germany  
e-mail: [schweiger@lat.rub.de](mailto:schweiger@lat.rub.de)  
Te.: +49 203 352294



*IFJ*  
Ruhr-Universitaet Bochum.  
D-44780 Bochum  
Germany

Tel.: +49 234 3223392

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APPLICATION NO.:  
10/534,850

FILING DATE  
05/13/2005

FIRST NAMED INVENTOR  
Gustav Schweiger

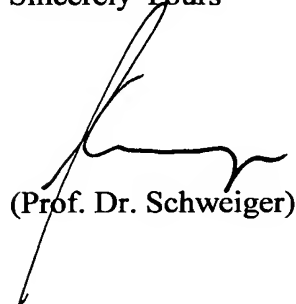
CONFIRMATION NUMBER  
8960

EXAMINER. CHU; CHRIS H

Dear Mr. Chu,

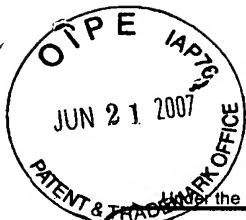
In addition to my e-mail I hereby send you the signed revocation of attorney. Please let me know, if any additional measures from my side are necessary to proceed in the patent application process. My University has withdrawn the financial assistance for the patent application and all necessary steps have to be done by me now. I'm therefore especially thankful for your assistance.

Sincerely Yours



(Prof. Dr. Schweiger)

Attachement:



PTO/SB/82 (01-06)

Approved for use through 12/31/2008. OMB 0651-0035

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AND  
CHANGE OF CORRESPONDENCE ADDRESS**

Application Number	10/534850
Filing Date	05/13/2005
First Named Inventor	Gustav Schweiger
Art Unit	
Examiner Name	Chu, Chris
Attorney Docket Number	

**I hereby revoke all previous powers of attorney given in the above-identified application.**

☐ A Power of Attorney is submitted herewith.

**OR**

☐ I hereby appoint the practitioners associated with the Customer Number:

☒ Please change the correspondence address for the above-identified application to:

☐ The address associated with  
Customer Number:

**OR**

<input checked="" type="checkbox"/> Firm or Individual Name	Schweiger, Gustav				
Address	Eichendorffstr. 15				
City	Duisburg	State		Zip	D-47057
Country	Germany				
Telephone	+49 234 32 23392		Email	schweiger@lat.rub.de	

**I am the:**

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.  
*Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)*

**SIGNATURE of Applicant or Assignee of Record**

Signature			
Name	Schweiger, Gustav		
Date	06/15/2007	Telephone	+49 234 32 23392

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below\*.

☒ \*Total of 1 forms are submitted.

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